

# VILLAGE OF IRVINGTON

## BUILDING DEPARTMENT

85 MAIN STREET

IRVINGTON, NEW YORK 10533

TEL: (914) 591-8335 • FAX: (914) 591-5870

Web Site: [www.Irvingtonny.gov](http://www.Irvingtonny.gov)



Permit Fee: \$ \_\_\_\_\_

Permit Number: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

## **BUILDING PERMIT APPLICATION**

### **REQUIREMENTS FOR OBTAINING A BUILDING PERMIT:**

The following items must be submitted in order to obtain a Building Permit:

1. Building Permit application signed by Owner or a notarized Agent Letter;
2. One (1) property surveys (signed and sealed), reflecting existing conditions prior to construction;
3. Three (3) sets of construction drawings and specifications, including topographic site plan for new buildings or additions, elevations, foundation plans, and cross sections, mechanical, electrical, and plumbing drawings are required by the Building Inspector (signed and sealed);
4. Permit fee (see fee schedule);
5. Site plan approval from the Irvington Planning Board when applicable (required on all increases of FAR, Footprint, and Increases of cubic content);
6. Curb cut permits where applicable (by Superintendent of Public Works 591-6044);
7. Other Municipal, County and State Approvals where required;
8. Approval by the Board of Architectural Review when applicable. Five (5) sets of construction drawings (please see ARB requirements);
9. Incomplete applications will not be reviewed and returned;
10. Village Zoning Code is available on the Village website: [www.irvingtonny.gov](http://www.irvingtonny.gov);
11. NYS Energy code compliance as described by [www.dos.state.ny.us/code/energycode/overview.htm](http://www.dos.state.ny.us/code/energycode/overview.htm).

### **TO THE BUILDING INSPECTOR:**

### **IMPORTANT: APPLICANT TO COMPLETE ALL ITEMS**

The undersigned hereby makes application for a permit to perform the work above shown on the drawings accompanying this application and described herein. This application will be abandoned six (6) months from this date unless before then a permit shall have been issued.

LOCATION: No. \_\_\_\_\_ Street \_\_\_\_\_ Post Office \_\_\_\_\_ Zip Code \_\_\_\_\_

Sheet \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Parcel \_\_\_\_\_

OWNER \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

LEASEE\* (if applicable) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Planning Board No.: \_\_\_\_\_ Date of approval: \_\_\_\_\_

Zoning Board No.: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

**TYPE OF IMPROVEMENT:** ☐ New Building ☐ Addition ☐ Alteration ☐ Repair, replacement ☐ Other, specify \_\_\_\_\_

**DESCRIPTION AND AREA OF THIS WORK:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED COST (including plumbing, heating, plastering, electricity, etc.):

\$ \_\_\_\_\_

**NOTE: The estimated cost shall include all labor, material, scaffolding, fixed equipment, professional fees, and any material and labor which may be donated gratis.**

USE OF BUILDING: ☐ One Family ☐ Garage ☐ Individual ☐ Other-specify \_\_\_\_\_  
☐ Two or more families-enter number of units \_\_\_\_\_ ☐ Carport  
☐ Parking garage ☐ Stores-mercantile ☐ Service station/repair garage

## OCCUPANCY CLASSIFICATION:

## BCNYS 302

☐ A1 ☐ B ☐ E ☐ F-1 ☐ H-1 ☐ I-1 ☐ M ☐ R-1 ☐ S-1 ☐ U  
☐ A2 ☐ F-2 ☐ H-2 ☐ I-2 ☐ R-2 ☐ S-2  
☐ A3 ☐ H-3 ☐ I-3 ☐ R-3  
☐ A4 ☐ H-4 ☐ I-4 ☐ R-4  
☐ A5

## PRINCIPAL TYPE OF FRAME:

☐ Masonry ☐ Engineer Wood Frame ☐ Wood Frame ☐ Structural Steel ☐ Reinforced concrete ☐ Other-specify \_\_\_\_\_

## PRINCIPAL TYPE OF HEATING FUEL &amp; SYSTEM:

☐ Gas ☐ Hot Water ☐ Oil ☐ Radiant ☐ Steam ☐ Electricity ☐ Warm-air

## TYPE OF FOUNDATION:

☐ Masonry ☐ Reinforced concrete ☐ Other-specify \_\_\_\_\_  
 Truss

## TYPE OF SEWAGE DISPOSAL:

☐ Public or private company ☐ Pump ☐ Private (septic tank, etc.)  
☐ Gravity

## IDENTIFICATION: (to be completed by all applicants)

Who will supervise the work? ☐ Builder ☐ Architect ☐ Engineer ☐ Owner ☐ Other

\*Name of registered Architect/Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

No.: \_\_\_\_\_

NYS License

\*Name of Builder\* or Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Westchester County License Number: \_\_\_\_\_

Signature of Builder and Title: \_\_\_\_\_

\*Note: If a corporation, give the president's name also.

Compensation Policy No.: \_\_\_\_\_

Expiration: \_\_\_\_\_

Public Liability No.: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Expiration: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

## AFFIDAVIT OF OWNERSHIP

STATE OF NEW YORK

COUNTY OF WESTCHESTER

} SS:  
}

\_\_\_\_\_ being duly sworn, deposes and says:

(Print Name)

(agents, owner, builder, contractor, corporate officer)

that: \_\_\_\_\_ is the owner in fee of the premises to which this application applies; that he (the applicant) is duly authorized to make this application; and that the statements contained here are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specification filed therein, and in accordance with all applicable laws, ordinances and regulations.

(Note: The filing of this application does not constitute a permit to commence construction.)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public, Westchester

\_\_\_\_\_  
Signature of Owner

**NOTE: If applicant is not owner of premises, signature or written permission of owner must be affixed to this application.**

**Hours of Construction: Monday-Friday 7AM-7PM; Saturday 9AM-5PM; Sunday and holidays construction prohibited**

**Only completed applications will be accepted**